



## **Sending a Referral to Lee Health Home Infusion**

Follow the steps below to send a referral to Lee Health Home Infusion:

1. Fill out all fields on the digital order form OR print and fill out manually. A providers signature is required for insurance purposes
2. Fax completed order form with all required documentation listed below to (239)-343-4002.
3. Please confirm that the following information is updated in the patient's Epic chart:
  - Recent Visit Notes
  - Lab Results
  - Patient's Insurance Card
  - Existing Prior Authorization (if applicable)

## **How to Use Our Digital Order Form**

1. Upon downloading the desired form, you will see light blue text box, check box, and circle box fields appear. To fill out the form on your computer, click into these fields to type out the necessary information. You can copy/paste information from the patient's medical record into this form.
2. Gather the referring provider's signature to approve the order once you have filled out all fields and send to Lee Health Home Infusion via fax.

**For any questions, contact our Lee Health Home Infusion team at 239-343-9799.**

# General

Order Form



Phone: 239-343-9799

Fax: 239-343-4002

**PATIENT INFORMATION:** Referral Status: ☐ New Referral ☐ Updated Order ☐ Order Renewal

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ ICD-10 Code(s) & Description \_\_\_\_\_

The patient has an existing prior authorization: ☐ Yes (Please fax LHHI a copy) ☐ No (LHHI will process for you)

## PRESCRIBING OFFICE:

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Refill all orders as directed x 1 year. Skilled nurse to administer doses intravenously where applicable. Skilled nurse to assess and teach self-administration of SQ medication where appropriate. Skilled nurse to provide ongoing support, including administration of medication. May infuse +/- 4 days to allow for patient scheduling.

## LAB ORDERS:

Collect: ☐ BMP ☐ CMP ☐ CBC w/ Diff ☐ CBC w/o Diff ☐ CRP ☐ ESR ☐ Hepatic Panel ☐ \_\_\_\_\_

Lab Frequency: ☐ Every Infusion ☐ Every Other Infusion ☐ \_\_\_\_\_

## PRE-MEDICATION ORDERS:

☐ Diphenhydramine ☐ PO OR ☐ IV ( ☐ 25mg OR ☐ 50 mg)

☐ Acetaminophen PO \_\_\_\_\_ mg

☐ Hydrocortisone IV Push \_\_\_\_\_ mg

## THERAPY ADMINISTRATION:

1) Medication: \_\_\_\_\_

2) Dose: ☐ \_\_\_\_\_ mg/kg ☐ \_\_\_\_\_ mg

When calculating dose, round to nearest vial size.

3) Frequency: Administer Dose every \_\_\_\_\_ weeks

4) Infusion Rate: Infuse according to Lee Health standard infusion rates

## REACTION ORDERS:

1) LHHI to notify physician for any patient reactions.

2) Medication orders:

- Sodium chloride 0.9% bolus, IV, at "wide open rate" for mild/moderate reaction
- Diphenhydramine injection 50 mg, IV, once for mild/moderate reaction
- Methylprednisolone 125mg, IV, once for mild/moderate reaction
- Epinephrine 0.5 mg, IM, give once if symptoms continue after diphenhydramine administration

Provider Name (Print)

Provider Signature

Date